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EDITORS :**THOS. LOTHROP, M. D.,****A. R. DAVIDSON, M. D.,****P. W. VAN PEYMA, M. D.,****HERMAN MYNTER, M. D.,****LUCIEN HOWE, M. D.****CONTENTS :**

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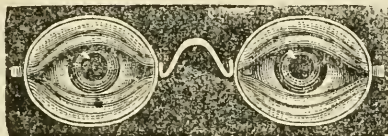
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MALTINE "contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats, or malted Barley."

PROF. JOHN ATTFIELD, London.

"Wheat must be considered as by far the most nutritious of all grains."—*Physiology of Man*.

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"Barley and Rye are inferior in nutritive power to any of the other cereals."

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Our experience of many years as Manufacturing Pharmacists has brought us in daily contact with those engaged in prescribing, and has afforded us advantages for study, experiment and practical development, which have engaged our most critical attention in perfecting new and more efficacious agents for physicians' use in the control and subjection of disease, and we assure the Medical Profession that in no instance shall we attempt to arrest their attention except we have some production worthy of their highest consideration.

Before we began the manufacture of MALTINE, we analyzed the various Extracts of Malt manufactured in this country and Europe. We found that many of them had a burnt taste and smell, and a dark appearance, and were deficient in many essential elements that they should contain, owing to the excessive heat employed. Most of these preparations had probably been evaporated, or the grain mashed, at a temperature of 212° Fahr., and consequently the Albuminoids and Diastase were almost entirely destroyed, and the other nutritive properties much impaired. This cannot be otherwise when the German formula is followed, for it directs that the extract shall be heated to 212° Fahr. (*see formula for Malt Extract, German Pharmacopœia, fol. 124*). This led us to a series of experiments to ascertain whether a preparation could not be produced that would contain the nutritive properties of the grain unimpaired. Further research developed the fact that malted Barley was deficient in most of the

essential elements of nutrition, with the exception of mineral matters, or bone producers. These experiments led us to the production of an extract from malted Barley, Wheat and Oats, which we call MALTINE for brevity, and which contains all the elements of nutrition in the proportions required by the human organism, unimpaired by heat; our evaporation being conducted *in vacuo* at 110° Fahr.

MALTINE is rapidly taking the place of Extracts of Malt in Europe as well as in this country, and will unquestionably be used far more extensively throughout the world by the Medical Profession.

We are confident that a practical test of MALTINE will convince any practitioner that we justly make the following claims, viz. :

First: That Wheat and Oats are much richer in alimentary principles than Barley, and that it is only in a combination of these cereals, in the proper proportions, that a perfect preparation can be produced.

Second: That our process for extracting the nutritive elements unimpaired is far superior to the German.

Third: That MALTINE possesses three times the nutritive and therapeutical value of any Extract of Malt in the market.

Fourth: That it is the only perfect food remedy ever offered to the Medical Profession.

From our experience during the past fifteen years in closely watching the success of old and new remedies among the Medical Profession, we feel the utmost confidence in claiming that MALTINE and its compounds can be used with more positive results than any preparation now known, in cases of Dyspepsia attended with general Debility, Imperfect Nutrition and Deficient Lactation; Affections of the lungs and throat, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes, and Difficult Expectoration; Cholera Infantum and wasting diseases of Children and Adults; Convalescence from Fevers, general and nervous Debility, and whenever it is necessary to increase the vital forces and build up the system.

MALTINE, and all productions of our house, are kept strictly and invariably in the hands of the Medical Profession.

We guarantee that MALTINE will keep perfectly in any climate or at any season of the year.

Faithfully yours,

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196 & 198 FULTON STREET,

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MCKESSON & ROBBINS,

Manufacturing Chemists,

91 FULTON STREET, NEW YORK.

GELATINE COATED PILLS AND GRANULES,

OVAL IN FORM --- PERFECT IN COATING.

Powdered Purified Chinoidine.

Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market at *high prices* under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatine-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

MCKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills**, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over *thirty* varieties of Cathartic and Laxative Pills.

Solubility of Quinine Salts.

Quinine, Sulph. dissolves in 700 pts. water.

QUININE BI-SULPH., " 10 " "

Quinine, Muriate. " 24 " "

Quinine, Bromide, " 50 " "

Quinine, Hypophos., " 60 " "

Quinine, Valerianate, " 110 " "

Quinine, Tannate, " 500 " "

The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

Preparations of Ergot.

A great demand exists for a reliable form of this invaluable medicine, and, as we have devoted much time and study to the subject, we are able to offer our Gelatine-Coated Ergotin Pills, with confidence, to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very changeable drug. Our pills contain 3 grains of Purified Ergotin. We also prepare Hypocermic Ergotin of the finest quality.

Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

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THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

STATE MEDICINE.*

BY THOMAS F. ROCHESTER, M. D., PROFESSOR PRINCIPLES
AND PRACTICE OF MEDICINE.

ONCE every year there are gathered together in this hall a pleased and ambitious class, who, having passed the requisite examination, receive from the proper authority the degree of Doctor of Medicine. This is attested by a legalized document, called a diploma, which certifies that the individual whose name it bears is authorized to practice medicine, and to perform surgical operations. Is this its only significance? It is hoped not, as the speaker will endeavor to show, not only to the class, but also to the audience, whom he addresses over their heads. He has selected as his topic, State Medicine, a theme which is as important and as intelligible to the one as to the other. It is not clothed or hemmed in by any technicalities, and is readily comprehended by every person of reasonable information. It is by no means confined to the domain of medicine, it is intimately affiliated with law and depends greatly upon the moral

*Abstracts from an address to the graduating class of the Medical Department of the University of Buffalo, Feb. 25, 1880.

teaching and support of religion. The learned professions all walk within its circle, and never collide. It is not, however, limited to these professions. It embraces much that pertains to science, art, invention, labor and to national, state and municipal authority. It may be broadly defined, as that science which aims to prevent, remove or mitigate the action of all agents tending to impair health, shorten life, affect the intellect or degrade the moral sense. It is in truth mental or physical sanitation, the former being greatly dependent on the latter, as evinced by the numberless agencies which dethrone the reason and which is restored to its balance and power, chiefly by hygienic appliances, and by the removal of the individual from his customary surroundings. Never was there a truer maxim than the trite one of "*Mens sana in corpore sano.*" The old idea that mind was something independent of matter, is no longer tenable, and the psychologist of the present day is not a theorist or rhapsodist, as were his predecessors, but of necessity a physiologist and pathologist, who reasons from material principles and facts, and makes his deductions from established bases. This illustration of cause and effect is here introduced to indicate what kind of argument is to be presented for your consideration, the more so as mania was formerly regarded as occult and mysterious, and even a wrathful visitation of Divine Providence, now happily rescued by science from any such unnatural and unjust imputation. It is, moreover, one of the proudest trophies of the domain of state medicine, for as yet, in nothing has it been of such signal service as in improving the treatment of the insane. No school of medicine is complete that has not its psychological department, and such it is hoped will be founded this year in the University of Buffalo, now that our city contains an ample and most perfect asylum.

It is the boast of the present century that human life is growing longer, and this is attributed to the effects of an advancing knowledge of many morbid influences and the consequent avoidance of the same as far as is possible and practicable.

And yet, while this is true, there are perils developed and fostered by the very agencies which are intended to be sanitary, and which are so when properly managed and directed. As an illustration, take the matter of drainage. Not so very long ago many diseases were claimed to be intensified and even originated by certain agents upon and within the ground, and the remedy indicated and demanded was drainage. Sewers were constructed and now the same disorders are ascribed to sewer gas. Admitting that this may be in part true, it does not disprove the former assertion. It only shows that the process has not gone far enough. It remains to destroy or remove the pestilential gases by action upon them within the sewers, and not only this, but the solid and fluid contents of the sewers should be discharged into reservoirs, and there disinfected before being allowed to pass into any stream or water-course. This is now being done most successfully in England, and the solid residuum, after being rendered innocuous, commands a high price for enriching soil employed for agricultural purposes, the disinfecting and purifying agents being a mixture of sulphate of iron and sulphate of alum, the cost of which is so trifling that it adds but very slightly to the expense of the mechanical apparatus and manual labor required. With our municipal authorities this should especially be borne in mind at the present time, when after much discussion and opposition the much needed Bird Avenue sewer is in process of construction. Not only should all public, but all private drains be well ventilated, and the gases carried far above all usual habitable elevation. This is easily done in private houses by having the water-conductor empty into the sewer, creating during rains a powerful wash-out, and at other times a passage for gases at least as high as the eaves. Besides this every trap should be ventilated by pipe communication with a chimney flue; for a water trap, be it ever so tight and well constructed, does not absorb and hold the noxious emanations of the drain. When this cannot be done, permanent washstands, closets and bath tubs should be dispensed with. Many an insid-

ious disease and low fever can be traced to the so-called modern improvements. The water trap may deodorize but not destroy, and thus render the more dangerous that which the sense of smell cannot detect and therefore guard against. A good thing should not be condemned, however, because it has imperfections; these will always be detected and corrected. Ancient Rome had abundant public baths and magnificent sewers, the latter still extant, and they elicit the wonder and admiration of the modern beholder. Yet Rome was, and is, one of the unhealthiest of cities; but, on the other hand, look at Paris and London, especially the latter, those great hives of human beings, formerly very pest holes, now perhaps the most salubrious cities on earth, and made so by their drainage. London was a bed of malaria, and hundreds of its citizens yearly succumbed to its deadly effects, among others the great protector, Oliver Cromwell. Rome was made only less unhealthy, but Paris and London were sanitarily-revolutionized.

In this connection it seems appropriate to consider briefly water supply. It has been demonstrated often and in many places, all over the inhabitable globe, within the last quarter of a century, science being the investigator, that the clear and sparkling spring, and that the deep well with its fountain of cold, bright and inodorless water, often contains and disseminates poison more deadly and rapid than those sown and distributed by the demon of alcohol; and this especially within the confines of cities and villages and more rarely on isolated farms. Let not our good temperance friends stand aghast at this declaration. Water is intrinsically healthful; alcohol intrinsically the reverse; but the former, under certain circumstances, becomes contaminated by disease germs which it distributes. The speaker here referred to Dr. Flint's observations thirty-five years ago. Since that time many observers have given to the medical world indisputable evidence of typhoid water contamination and distribution, and lately none more notably and positively than Prof. E. S. Van de Warker of Syracuse, who shows in the *Popular*

Science Monthly of 1879, how through one person seventeen others became ill from a well poisoned by want of proper drainage in its vicinity. But it is proper to state here that typhoid fever will never emanate from water supply, however foul and impure, unless the special typhoid germ is conveyed to it, and also to state that no water, however pure, may not be made a vehicle for it; and this is adduced as an argument, if such is needed, for thorough and efficient drainage, which may be made so complete as to do away with soil saturation. The wells of this city were many of them examined within two years by a competent chemist. The water of very few of them was suitable for drinking purposes. They were subject to soil saturation; this does not mean that drains or vaults emptied into them directly or indirectly, although even such accidents have happened; it means the reception of improper material by percolation through the soil. This was shown by the excess of chlorine and of albumenoid ammonia, in many instances being considerably more than that found in sewer water itself; and yet to a casual observer this water was clear, cold, tasteless and inodorless. That these wells originate many diseases and aggravate more there can be no possible doubt. Prof. Breneman of Cornell University, on this subject says: "It shows the extent of soil saturation and indicates the condition of the ground, the emanations and exhalations from which taint the air in which the families are obliged to live, and expose them to a constant morbid agency." For this the only remedy is drainage; and the drain? Ventilate it, wash it out often, and when it discharges its contents, disinfect them and make some portion useful, and carry off the remainder, now made harmless by artificial or natural channels. Cold and deep and rapid as is our noble Niagara, it should not be tinctured with any uncleansed scourgings. At one time, but a few years back, our reservoir received a percentage of the outpouring of the canal and harbor. Various intestinal troubles were very prevalent. Now the tunnel has been carried far out into the stream, and these disorders are relatively rare.

At one of our anniversaries, some time ago, the speaker dwelt at some length upon the heating, lighting and ventilation of dwellings, churches and public schools, it is believed, with good effect. Similar appeals made here and elsewhere by various persons, called public attention to many unsuspected evils, which are now either removed or are in process of correction. It is not proposed to go over this ground again, except to say that in the residence, sanitation in the cellar and bedroom are of paramount importance.

Certain mortuary practices exist which demand strict inquiry and limitation. Reference is made to ice surrounding and so-called embalming of bodies. These are both to be commended under proper restrictions and limitations, but without them, as now practiced, are utterly wrong, may be life-destructive, and in conflict with necessary judicial inquiry. They should never be used except with the knowledge and consent of the attending physician; yet how rarely is this the case. No one can decide upon the reality of death, or of its probable cause, but an intelligent and educated medical man; but often his opinion is not asked. The patient whom he last saw living is enclosed in ice at his next visit. Who knows that the frozen and lifeless body was not in a state of syncope or trance. There is no excuse and no necessity for this indecent haste, and the undertaker who counsels and practices it, may be the cause of the death which he presumptuously assumes has taken place. Embalming, which consists of injecting arsenic and other antiseptic agents into the system, still less should be practiced, without competent medical authorization. It interferes most seriously with all subsequent pathological research, and may cover up crime and prevent the detection and punishment of its perpetrators. No chemist can determine the question of poisoning when this operation has been made. Had Hotchkiss been "embalmed" Lewiston and Lockport would have escaped their present excitement. It is said that the New York Medico-Legal Society has taken up

this matter and is initiating steps to regulate this process by much needed legal enactment.

All of you remember the fearful visitation of the south and southwest, by yellow fever, two years ago. It caused the appointment of the National Board of Health, and last year the wisdom of the creation of such a body was demonstrated by the limitation of the pestilence to sadly unfortunate Memphis. Through its advice the most rigid quarantine was enforced in and about the disease-infested and beleaguered city, and the result was that the plague was fenced in, and yet the year before, when quarantine was advocated at the meeting of the American Medical Association, at Atlanta, the proposition was most violently opposed by the medical men present from New Orleans. Last summer's experience ought to, and probably will, silence such hypothetical and factious resistance in the future. This Board has now in contemplation another step striking at the very root of the matter. It proposes to destroy the disease at its birth-place by coöperating with the Cuban authorities in cleansing and disinfecting the harbors of Havana and contiguous ports. The experiment is one of great magnitude, and will be watched with absorbing interest. If successful, it will save yearly thousands of lives and promote commerce enormously, and will cause similar procedures to be adopted in many West Indian and South American seaboard cities. Cholera, which has heretofore been considered a mysterious emanation from the jungles of Burmah and Siam, is now thought to be due to the impure water employed for drinking; and the British Government, always foremost in sanitary reforms, has appointed a commission to investigate the grounds for this assertion which, if found to be true, will open the way for avoiding one of the most terrible scourges of the human race. But while attention is given to these fell giants of destruction, all communities should be taught that many disease-fostering and developing agencies are entirely under individual and corporate and municipal control. Slaughter-houses should never be

allowed to contaminate the air and the soil of city or village. How completely this can be prevented; witness the immense cleanly and inodorous abbatoirs of Paris, where no blood or intestinal products become sources of pollution, where everything is either destroyed or made useful in art or agriculture. Still less should large numbers of animals be congregated in confined quarters for sale or for feeding and fattening, as is done in this and other cities. Within the year an enormous pigstye attached to a grape sugar factory, in a thickly populated quarter of Buffalo, offends the nostrils and jars upon the ears of all in the vicinity. Such nuisances should not be tolerated in any civilized community. If not positively unhealthy, they are certainly very objectionable, and the fat, soggy pork produced by such stuffing is presumably not of the most nutritious or palatable quality. It is well known that a certain proportion of hogs are the subjects of a parasitic microscopic disease caused by the *trichina spiralis*, which is produced and reproduced in great numbers and is found in all parts of their bodies. It is very tenacious of life and is not destroyed by smoking or pickling, and when cooked, only by long continued and extreme heat. The rat is the habitat of the same parasite, and it has been suggested that it is conveyed to the omnivorous swine by eating these pests. The *trichina* has been found in clean, isolated and well fed hogs, but it is probable that the larger number infected are from the animals fattened in connection with distilleries and grain product factories, where the rat is always in great numbers. The hog does not appear to suffer from the parasite, but it produces in the human being who eats of his infected flesh, blood poisoning and low fever, attended with very large mortality. The deduction from this is very clear. No fresh pork should, under severe penalty, be passed into the hands of dealers without an inspection certificate that it is free from *trichina*. The inspectors should be appointed by proper authorities; any intelligent person with fair eyesight can discharge the duty—a barbed hook and a cheap microscope being the only requisite appliances. But meat inspection should not

be limited to pork. We all know by report at least, of the Texas cattle disease and of epidemic pleuro-pneumonia. Animals thus affected, die or are killed and some of their carcasses are destroyed, but it is to be feared that many of them find their way to the stalls. The flesh of healthy cattle that are overdriven, or worn out by long railway travel without suitable supply of water or food, or that are much bruised or trampled upon, does not keep well, and yet a great deal of this is sold, who can say at what cost of human suffering and sickness. There are in most cattle yards regulations to prevent these evils, and there are city ordinances to the same effect, but rarely are they enforced, and rarely are the penalties for violations inflicted. Under this head comes the consideration of milk supply, especially of cities. The proverbial pump dilution is not altogether a question of dollars, if what has already been said about city wells is borne in mind.

In examining the last annual reports of the various city and State Boards of Health, we are struck with the marked increase in the variety and value of their contents. The contributions cover an unusually wide ground and show that sanitary science can be brought to bear not only upon social and economical, but even upon literary and artistic matters. At the present rate, indeed, hygienic law and studies will soon interpenetrate every phase and period of a civilized man's existence. The State sanitarians have already struck at the very beginnings of life. They have introduced themselves to the infant and have mingled with scientific data the uncertain joys that attend his growth. The last Massachusetts Report proposes that the puerperal woman be at once supplied with printed forms upon which to record the physical condition and progress of her offspring. Such a plan, it is stated, has been in existence for some time in certain European cities. As the future citizen develops, his course is attended with a constantly increased watchfulness, a watchfulness that does not forget the collection of the more abstruse scientific facts. Nearly every State Board

has examined the school houses, and has recommended, or caused to be adopted, properly ventilated rooms. The school-boy is given 250 cubic feet of air where he used to have 25. His eyes are examined, his shoulders kept back and the light thrown in from behind. In Boston the boys and girls have been subjected to anthropometrical investigation, and charts are given, showing how fast the children grow under the high intellectual tension of that city. In the report of the Wisconsin Board is a valuable paper upon the proper reading for the young; nor upon perusal can we do else than believe that State advice and even State regulation is greatly needed in this direction. The class of literature which includes such works as the Half-Dime Novels, works which have the odor and suggestion of an intellectual emesis effects in time quite as much physical evil as imperfect sewers. It is evidence of breadth of view and earnest purpose that scientific bodies speak authoritatively for the State on such subjects. It has from the first been a prominent purpose of state medicine to protect children from the contagious diseases to which they are subject. With each year more potent methods of prophylaxis have been devised, and their application has been more widely urged. The recommendation for the prevention of scarlet fever and diphtheria issued by some of the Boards, and we may refer particularly to those of Massachusetts and Wisconsin, have been valuable additions to medical science. They have been widely circulated, and, as is shown by many letters in regard to them, have excited much interest among the people. This has in turn reflected upon the State Boards; it has made them more popular, and the local town and city Boards more numerous. In Massachusetts sixteen of the nineteen cities, and three hundred and one of the three hundred and twenty-five towns, have organized local Boards of Health, and these make regular reports to the Central or State Boards.

There is, however, no single direction in which Sanitary Boards have made more important advances than in those of vital statistics. The collection of such information is a compara-

tively recent undertaking in this country, and, as would naturally be the case, has been attended with much difficulty. A busy and practical people cannot easily be made to see the importance of registering every birth, marriage and death. Nevertheless, a foothold has been gained, the sentiment is becoming favorable to such registrations, and already even in some of our Western States very full reports come in each year. We have learned even thus soon, through this work, something of the way in which our nation is growing. Some of the facts have an especial interest to medical men. It is shown that the birth rate among our native born population in the cities is approximately only 16.74 per thousand, while that of the foreign born citizens is 35.23 per thousand. This birth rate for native Americans is even smaller than that of the French in France. Physicians know best, perhaps, the true "inwardness" of this state of things; and as regards remedy, although clergymen can preach and statesmen legislate, it is the medical profession, that can be of the more direct use in educating people to the beauties of a larger domestic circle, or, at least, in discouraging the means for limiting it.* Can this be true, oh! men and women of America? Is the seed of the foreign born to crowd your scanty progeny to the wall? Is your manhood failing, and are your motherly attributes perishing? Is the hearthstone to become cold, and are the attractions and attachments, and the moral influences of a large home circle to be dispensed with? If so, oh! pity for our people and our nation, and infamy and ruin here and hereafter for those base creatures who disgrace and degrade and dishonor the noble profession of medicine by lending themselves to the furtherance of this terrible iniquity. It is unnecessary to speak more plainly or more at length upon this subject, except to say, if there be one field for reform that is larger and more urgent than others, it is this, this reckless and careless and disgraceful, self-willed, selfish native depopulation and consequent demoralization.

* N. Y. Medical Record.

And now, members of the graduating class, and kind friends here present, who have come to see you enter upon your professional path and to wish you joy and success in your career, is it necessary to demonstrate further that much of your usefulness, if you aim to be really beneficial to the world, lies outside of the employment of drugs and surgical appliances? The very fact that you are physicians, places you in the van and will cause you to be consulted in all matters pertaining to sanitary procedures. It is your duty to see that you are fit for and can hold that position, attributed to you by virtue of your profession. To do this you will find it necessary to enlarge your reading and expand your thoughts. You must investigate to a reasonable extent much that pertains to various arts and sciences, to agriculture, to mechanical and hand labor, to topographical and meteorological conditions and phenomena. In short, you must devote much of your time to what is perhaps erroneously termed extra professional study and investigation, and this will repay you in more ways than you perhaps imagine. In the first place it will give you the personal delight of increased knowledge, it will give you depth and breadth, and expansion of thoughts and of ideas. It will make you searching and yet more charitable in your observations. It will increase your mental and your physical strength, and thus by developing your common sense, will in every way enure to your advantage. A thoroughly educated physician, in its true sense, means a thoroughly educated man, and therefore, those of you who aspire to win distinguished and deserved professional renown, will find that with this, the termination of your pupilage, your student's life has just commenced, and it will be co-existent with your period of usefulness on earth. Let your motto be, honor and honesty, sobriety and diligence, and you will not, you cannot, fail.

CLINICAL REPORTS

SARCOMATOUS TUMORS IN THE ORBIT.

BY LUCIEN HOWE, M. D.

CASE No. I. E. M., was a woman of forty, who usually enjoyed excellent health. About 1873 she noticed a "small black speck" on the lower and inner portion of the conjunctiva of the right eye. This gradually increased in size till on the 3d of April, 1877, she presented herself at the Buffalo Eye and Ear Infirmary. The condition on that day was recorded substantially as follows:

Lower lid pushed down and outwards half an inch. Between its internal two-thirds, and the globe of the eye, there exists a tumor which measures $1\frac{1}{8}$ inch horizontally, $\frac{5}{8}$ inch vertically, and projects $\frac{1}{2}$ inch beyond the edge of the lower lid. It is dark colored, vascular, but not compressible; movable, not tender. The globe of the eye is pushed up and backwards, and partly hidden by the growth and its movements in different directions considerably impeded. Moreover, on the internal and inferior quadrant of the cornea, there is a spot infiltrated with pus, and the vision of the eye markedly impaired—more exactly $V=\frac{2}{160}$. Pain is not a constant symptom, but frequently felt in the eye and its vicinity.

On account of the interesting features of this case, the patient was exhibited at a meeting of the Buffalo Medical Association, in April of that year, and various opinions were expressed as to the prognosis. One gentleman, of wide surgical experience had even been led to think that the removal of growths decidedly "malignant" would give in general only temporary relief, and was therefore to be discouraged.

Operative interference was not delayed, however, and on the 7th of April, chloroform was administered, and assisted by Doctors Abbott and McNiel, I attempted the removal of the

growth. In its deeper portions, however, it was found to have invaded the globe of the eye to such an extent that it was necessary to remove that also. Especial care was taken to extirpate every trace of the growth, and the incisions were extended on every side into tissue, which seemed to be healthy. A light bandage was applied, the patient rode home in the horse-cars, and apparently suffered but little inconvenience from the procedure. By the third day the reparative process was well established in the outer portion of the wound, while the parts formerly contiguous to the tumor were much swollen and covered with a thick layer of pus.

A subsequent examination showed that a minute spot, similar in appearance to the growth, still remained in the orbit and suspecting that in spite of all precautions, a portion had been left, still further removal of the tissue was deemed advisable. Chloroform was again administered therefore, and the contents of the orbit in its lower and inner angle entirely extirpated, the incisions in this locality being carried well down on to the bone. Healthy granulations appeared soon afterwards, the wound healed rapidly and no further annoyance has since been experienced. A microscopic examination of the growth showed it to be a melanotic sarcoma of the spindle-celled variety.

Case No. II. J. B. C., a farmer, 54 years old, from the town of Colden, in this state, consulted me on the 5th of last December, concerning a growth at the inner angle of the right eye. Five years before he noticed a small projection in the conjunctiva a little external to the caruncle. This gradually increased in size for two years, when it was partially "eaten out by a plaster" applied by an irregular practitioner. As a result of that attempt, extensive cicatrices were formed which produced marked ectropium of the lower lid and also drew the upper one down far over the globe. This condition of the lids persisted when the patient consulted me, and the tumor in the meanwhile had attained the size of a small walnut. It occupied the entire inner angle of the eye, being attached to the inner portion of the lids above

and below. It had pushed the eye-ball outwards extending over nearly half of its internal surface and was firmly attached to the tissues about the lachrymal bone. It was of a bright red color, quite vascular, not compressible nor tender and movable only at its outer portion. Pain was experienced only occasionally but was of a sharp, lacerating character. Under such circumstances there seemed to be no question as to the advisability of operative interference. Accordingly, ether was administered on the 13th of December, and the growth completely removed. There were found to be no attachments to the globe of the eye, and it was therefore allowed to remain, but all the tissue in the vicinity of the base of the tumor was thoroughly extirpated.

One incision was carried obliquely upwards along the superior margin as far in as the orbital ridge and lachrymal bone; another extended obliquely downward along its inferior margin quite to the nasal process of the superior maxillary bone, and everything included in this triangle, with the exception of the lids, was carefully dissected out. The wound healed rapidly, and thus far there is not the least symptom of any recurrence of the disease. The microscopic appearances of the tumors were such as characterize a sarcoma, the round cells being thickly strewn through a connective tissue stroma. Its general structure was like that of the alveolar, round-celled sarcoma, figured by Rindfleisch,* provided no pigment were visible.

These cases appear to be of interest; 1st, as examples of a rare form of disease; 2d, in the favorable result thus far of the operation; 3d, as furnishing some indications as to the extent to which the tissue adjacent to such tumors shall be sacrificed.

In regard to the frequency of these growths in the orbit, an approximation was attained, by examining the statistics found in the reports of ophthalmic hospitals and infirmaries, in which an aggregate of over thirty-eight thousand patients had been treated. This showed that only one such case occurred, on the average, in over four thousand, one hundred and twenty others of diseases of the eye.

* Lehrbuch der Pathologische Gewebelehre—Fig. 45.

Again, the sarcomata are specially "malignant," and almost invariably terminate fatally. This is particularly true of the new formations of which the first case is illustrative. An eminent writer expresses the views of many others in saying "these melanotic tumors are amongst the most malignant of the sarcomatous growths." As further showing the dreadful results of this class of diseases, the writer would refer to the interesting cases reported by Doctors †Dyer ‡Hag and ||Higgins. All the cases which I have thus far found on record, and in which the conditions were similar to No. 1 here given, have proved fatal within two years and eight months.

Finally, the result in the two cases here described, would seem to indicate that an early operation, with very free extirpation of the adjacent tissue would, in some instances, arrest the progress of the malady. The fact that the growth recurred in the orbit of the woman, after *all* those portions had been thoroughly removed, which could be recognized by the naked eye as in the least abnormal, and the fact that the wound healed so completely after the second operation, would appear to show that in the extirpation of malignant tumors, wherever found, we should not hesitate to include the adjacent tissue to as great an extent as it can be spared. Neither sight nor touch furnish us any positive data as to the extent to which the contiguous portions are involved, and no attempt at operation should be made, unless we remove every perceptible trace of the growth and as much more as can, with propriety, be sacrificed.

* Pathology and Morbid Anatomy—Green—English Edition, p. 120.

† Trans. American Ophthalmological Society, vol. ii, page 538.

‡ Trans. International Ophthalmological Congress.

|| British Med. Journal, Dec. 8, 1877.

TRANSLATIONS.

J. A. ESTLANDER'S CLINICAL CONTRIBUTIONS,

TO THE KNOWLEDGE OF OSTEO-SARCOMA OF THE SUPERIOR MAXILLARY BONE, AND OF ITS TREATMENT BY RESECTION OF THE BONE.

FROM THE SWEDISH BY HERMAN MYNTER, M. D.

FOR the surgeon called to treat a disease as serious as osteo-sarcoma of the superior maxillary, and still more for the patient, it is, above all, necessary to know, on the one hand, what are the chances of a definite recovery, or at the least of the prolongation of life, if one undertakes the dangerous operation of resection; and, on the other hand, how long the patient will be likely to live, if it be not undertaken. In order to answer these two questions, it is necessary that the surgeon know the average duration of the malady if left to run its course without the operation; as, also, the condition of the subjects, the number of radical cures on the one hand; on the other, the average time between the operation and the relapse, or the death which follows. These data, obtained in various ways, are, up to this time, too little determined; the surgeon seeing the patient only during a limited period of the disease, most often during his sojourn at the hospital. Doubtless he can learn the history of the patient and of the affection before the time of consultation; but too often he loses sight of the patient from the time he leaves the hospital after the operation, or without it. The comparison of a sufficient number of cases, well studied from the first attack until their termination, favorable or fatal, is necessary, in order to judge of the value of the operation. It is this work that the author has attempted, and of which he gives an account in his work.

The number of cases treated by him reaches twenty; not many, but he was, at least, able to follow them all to the end,

and he has taken very complete notes of the progress of the disease from the commencement until the time when the patients presented themselves for treatment. Following we have the detailed history of these twenty cases, of which fifteen were men, and five only were women. The age varied from twenty-seven to sixty-nine years, and the number of patients below the average age of forty-eight years, is about the same as the patients above that age. The author demonstrates that with all, the disease presented, in its entire course, a remarkable uniformity, and he has given a particular account of the symptoms.

In four cases no operation could be made. One might add a fifth patient who was subject to an operation, but the tumor had penetrated the cranial cavity, and the patient would not probably have lived more than fifteen days. The duration of these cases, from the first attack until death, varied from five to nineteen and three-fourths months; the average is nearly a year. The cases operated had about the same duration. The progress of the disease has been generally a little more rapid with younger than with older subjects. The microscopic structure of the tumor did not appear to exercise a marked influence upon the rapidity of the disease, the *neoplasma*, with spindle-shaped cells, being no more mild than those with round cells. Besides, the two species co-exist in the same tumor, developing one after the other. A structure more areolar, and containing more connecting tissue, seems to indicate a more favorable condition.

As to the most essential part of the work, the prognosis of the resection, the author thinks one ought not to be too saving in operating. He rejects after his own experience, unfortunately in the commencement of his surgical career, partial resection for osteo-sarcoma of the superior maxillary, and he expresses the opinion that one rarely has occasion to regret the removal of too much, but too often that he has removed too little. In sixteen cases, two patients died shortly after the operation, their death not being necessarily attributed to it, (in one case meningitis, in the other simple pyæmia, supervened when the wound

was almost closed). In one case death was due to an intervening malady; in a fourth, the result was still undecided.

Twelve cases remain from which to judge of the value of the operation. In two of these there has been a final cure; in two others a relapse, not *in loco* but in the glands of the neck, and the lives of the patients have been prolonged for a year. In the others, the relapse occurred *in loco*, and nothing was gained by the operation. With one of the subjects who recovered, the disease had not made much progress; but with the second, it had advanced considerably.

The study of all the cases which the author describes, leads to the conclusion, which seems quite strange at first, that in general the patients presented themselves to the surgeon just midway between the first stage of the disease and its termination; or in other terms, that the time, from the first appearance of the affection until the consultation, is about the same that remains to the patient to live; and this whether he be operated upon or judged unfit for an operation, (cases operated upon with success not counted).

Thus, when a subject has suffered from the disease six months before the presentation, or the operation, he would probably live six months; if he presented himself sooner—and for the reason that the disease makes more rapid progress, it would have the same rapid course, after the operation, and he would die sooner. The operation, if not followed by complete success, observes this law so far as the cases of the author permit him to judge. It seems only that the sufferings of the patient are less severe, and death less fearful in character with the operation than it would have been without it. But at what price do the sufferers gain this advantage? In the first place, it is necessary to consider the immediate danger of the operation. Even if one admits with the author, that these two cases of death ought not to be attributed to the operation, it is certain, and the author does not deny it, that the resection of the superior maxillary, is a serious operation, liable to produce death. There have been cases in

which fatal hemorrhage has occurred by the introduction of blood into the air passages, and to obviate this peril it has been proposed that the previous operation of tracheotomy should be performed, a Trendelenburg's canula being introduced into the trachea. The author has never had recourse to this aid, believing it to be quite superfluous if one operates rapidly and regularly; but yet there are other dangers to be avoided. Briefly, there is some danger, but it is more than counterbalanced by the chances of a radical cure. The pain of the operation may be avoided, or greatly alleviated by anæsthetics, and after the operation, there is no suffering. For a time he is completely delivered from the distress previously experienced. The time demanded for the healing of the exterior wound, is short, and at the end of five weeks usually the patient is able to resume his habitual occupation. The difficulty in eating soon passes, but there is an unavoidable disfiguration of the face, consequent upon the removal of the bone.

To sum up, one can predict that a patient attacked with osteosarcoma of the superior maxillary, would have, ordinarily, a year to live after the commencement of the disease. During the first six months, his sufferings would not be very acute, so that generally he would not apply to a surgeon until this time had expired. Then, if he did not submit to an operation, he would still have six months more of life. The same thing occurs, if the operation should not be successful. When the disease has made so rapid progress that the patient is forced to an operation his life is proportionately shortened. If he submits to an operation, he exposes himself to a certain danger, but with a hope of cure equal to one chance in six. He has the chance to prolong his life twice as long, but the probability is four times greater that he will neither gain nor lose so far as time is concerned; but that life will be rendered more endurable during his few remaining months.

Osteo-sarcoma of the superior maxillary is after all as terrible a disease as other malignant diseases with which mankind is

afflicted. There is little hope that its prognosis can be bettered by the progress of art; but it is possible, by the instruction of the people as to its nature and its danger, to induce them to apply more promptly to the surgeon, that an operation may be performed in the earlier stages of the disease, when the possibility of complete recovery is much stronger.—*Nordisk Medicinsk Archiv, Comptes-rendus.*

PUNCTURE OF HÆMARTHROS.—BY RICHARD VOLKMAN.

FROM THE GERMAN BY HERMAN MYNTER, M. D.

DR. RIEDEL'S investigations (*Deutsche Zeitschrift fuer Chirurgie* Bd. xii, S. 447), as to whether the blood coagulates in hæmarthros, when and under what circumstances the coagulation takes place, when and under what circumstances absorption takes place, are of great practical value. The author found in a large number of punctures the blood perfectly or almost perfectly fluid, when in cases of traumatic hydarthros the trocar was introduced during the first three days. Once after six days, 50 ccm., and three times after eight days, respectively 50, 80 and 100 ccm. dark fluid blood were removed without traces of coagulas, while in a large number of other cases of puncture between the fourth and eighth day, the principal part of the blood was fluid, but some coagulas were removed through the trocar, and others left behind in the joint. Once in a case of transverse fracture of the patella (5 days old) with broad diastasis of the fragments, and the joint perfectly filled, he found the blood coagulated in such a degree, that not a drop could be aspirated.

Against Riedel's belief, that even large coagulas of blood are quickly absorbed, the author mentions a case, in which he amputated fourteen weeks after the accident, and found the synovial cavity still filled with a large amount of coagulas, which adhered firmly to the synovial membrane, and not a drop of synovial fluid was found in the joint.

The author has advocated the use of the puncture of the knee-joint in cases of traumatic hamarthros, since the introduction of the antiseptic treatment of wounds. He states that ankylosis with total obliteration of the joint may occur in cases in which the coagulated blood is quickly organized. It does not occur often, and only provided a uniform layer of clot is deposited on the inner surface of the synovial membrane and the secretion of synovia is suppressed perfectly by it. Volkman verified this statement once in case of transverse fracture of the patella. Eleven months afterwards, when the patient died of some other disease, the knee-joint was found ankylosed in a straight position, the cartilage intact but united with each other and with the synovial membrane, by a continuous layer of fibrous tissue (1—2 lines thick), so that not the least movement was possible.—*Centralblatt fuer Chirurgie.*

SELECTIONS.

RENAL INADEQUACY.

DR. ANDREW CLARK read an able paper before the Medical Society of London, at its meeting in Nov. 1879, "On Renal Inadequacy." He began by remarking that he was painfully struck by the great number of people suffering from ill health, of which no sufficient explanation could be given. Some of these cases took their rise in a feeble and disorderly nervous system, some in vicious digestion, some in an imperfectly acting skin, some in unsuitable conditions of life and work, some in abuse of tea, coffee, tobacco, alcohol, and other narcotics, and some in the derangement of the chemical changes which accompany and determine assimilation and deassimilation. But a far larger number were due to a deficient secretion of urinary solids. "By renal inadequacy, I mean that state of kidney in which it is unable, without material diminution of quantity, to produce a urine containing the average amount of solids, and of a specific

gravity greater than 1014." The urine was pale, almost invariably free from albumen, and deposited no casts. He did not profess to determine what was the precise pathological state of the kidney; but he conjectured that it was one of slight withering and induration, just as sometimes the skin is found withered, hard, and incapable of producing a clear, unctuous sweat.

The symptoms and signs most commonly associated with renal inadequacy were flatulent dyspepsia, palpitation, with a very feeble and interrupted capillary circulation, a dry, shiny, waxy skin, numbness, tingling, cramps, and pains in the limbs, occasional flushes, worry of brain and general nervousness; sometimes, but rarely, evidences of gout. One knew in a given case that these symptoms were due to renal inadequacy, not merely because there was a grave deficiency in the excretion of urinary solids, but because whatever diminished that secretion or added to the amount of solids to be excreted, invariably in a short time, aggravated the patient's sufferings. Three things were of great importance in these subjects—they are exceedingly vulnerable; they repair very slowly the damage done by accident or disease; they bear very badly the shock, however slight, of surgical operations—a fact mentioned by Sir Francis Paget. As to prognosis, this state seemed capable of indefinite prolongation without serious injury to the organism. Under unfavorable circumstances and bad management, death might occur from some local inflammation, from cerebral or other hemorrhage, or from so-called pyæmic fever, springing unexpectedly out of some perhaps trifling operation. The special characters and appearances of patients who have been the subject of renal inadequacy for over four or five years are:—They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly cedematous; the skin becomes dried, more shiny and yellower; the features swollen almost to distension; the pupils are dilated; the lips and cheeks of a bluish red; the articulation deliberate and somewhat difficult and the whole intellectual tone

and manner subdued and slow. From one side the physiognomy was like that of pernicious anæmia, from another like that of chronic Bright's disease, and yet it seemed distinct from both.

As to treatment much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the secretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work which the kidney was unable to do; and generally by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of the disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by vigorous friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air were indicated. The diet should be light; stimulants should be avoided except to the extent of one glass of claret or other light wine, twice a day. The medicines most useful were small doses of arsenic with reduced iron at meals, and an occasional mercurial alterative. If digestion is disturbed the iron and arsenic were discontinued, and bitters with alkalies between meals substituted, with a mercurial alterative every third night. He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas, when he was taking food and wine every two hours, it seemed that the more he took the worse he became. A very remarkable fact about this case was that as his supplies of food and wine were reduced, the patient's urine steadily rose in density from 1003 up to a very fair standard, and in three weeks he left town declaring himself quite well. When seen six months ago this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill.

In the discussion which followed, Dr. C. T. Williams said these cases were generally treated as dyspeptics. He asked whether weight was gained or lost under the restricted diet; whether there was corpuscular deficiency or excess in the blood, or any signs of anæmia. Dr. Gilbert Smith asked whether it was due to renal defect or blood change. Did the kidneys refuse the blood or did the blood refuse to go to the kidneys? Had the organs been examined after death? Dr. Routh said there was no proof that the author's dictum was correct, and inclined to believe the ailment due to defective assimilation, and therefore lessened amount of salts in blood and urine rather than to renal inadequacy. Dr. Dowse had seen several cases similar to those described by Dr. Clark, but had never examined the kidneys after death. He did not for a moment doubt the existence of such a condition as renal inadequacy. Dr. Symes Thompson agreed that the kidneys must be at fault in these cases. He had not known that a diminished diet could increase the specific gravity of urine. Dr. Andrew Clark replied, urging the fact that proved the existence of such a state as renal inadequacy; that retention of excreta leads to disease, and that in a case he had at the London Hospital, nitrogenous diet increased the defective action of the kidneys. Some of the patients gained weight, others lost flesh on the strict regime. The blood did not appear abnormal. Apparently normal skin sometimes refused to perspire normally. Why should not a kidney which refused to act, yet show no apparent change?—*London Lancet, March, 1880.*

POST-PARTUM HEMORRHAGE.

In the clinical records of the Rotunda Hospitals, presented to the Obstetrical Society of Dublin, the following interesting report was made by Lombe Atthill, M. D., Master:

Post-Partum Hemorrhage.—There were thirty cases of *post-partum* hemorrhage, some of which were of an alarming nature. The use of hot water in the treatment of this complication was

very frequently employed both in the hospital and extern maternity, and has proved eminently satisfactory. It has, indeed, much to recommend it, for not only is it a powerful hæmostatic and excitant of uterine contraction, but it is also a general stimulant. If used with ordinary care it is not only harmless, but beneficial, by thoroughly cleansing the uterus from clots, portions of membrane, &c., which may have been left in its cavity; and, what is a matter of great importance, it is always at hand when wanted. It will not, we are of opinion, be found altogether to displace the use either of cold water, or of the perchloride of iron, but rather to be applicable to a distinct class of cases, in which the former of these remedies would be unsuitable and the latter unnecessary.

Dr. Atthill was first induced to try the use of hot water in the treatment of uterine hemorrhage, in the earlier part of the time embraced in this report, in consequence of a letter written by Dr. Whitwell, of San Francisco, to Dr. Foley, of Boston, who was studying at the time in this hospital.

The method of carrying out the practice is exceedingly simple. An ordinary syphon-syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, about 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed, and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, &c., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

The following cases will illustrate its effects:—

Case I.—E. D., aged twenty-four. Labor was tedious, and completed finally with forceps; afterwards there was some sharp *post-partum* hemorrhage, which was temporarily arrested by cold and ergot. The uterine contraction was not, however, satisfactory, and more or less draining continued for some time after delivery. Hot water was at length injected, and was followed by firm and permanent contraction.

Prolonged Use of Cold Water; Successful Injection of Hot Water.—Case II.—M. H., aged twenty-seven; fifth confinement. This patient had had hemorrhage after former labors. On this occasion the process proceeded naturally and rapidly until after the birth of the infant; but some hemorrhage preceded the expulsion of the placenta, which was accompanied by a quantity of blood and clots. The flooding now became considerable. The pupil in charge of the case summoned the assistant physician, and in the meantime tried to check the hemorrhage with cold water, which he not only injected into the vagina and uterus, but also poured from a height upon the abdomen. The patient was found at about four o'clock, on a raw spring morning, with her bed and linen saturated with cold water, depressed and shivering, with blanched face, and small, feeble and rapid pulse—135 per min. A small stream of blood was still flowing from the vulva; the uterus being relaxed and distended, a quan-

tity of clots were expelled by friction and pressure, and hot water immediately injected. There was no more hemorrhage, and when the bed linen had been changed and a hot jar applied to her feet, the patient expressed the greatest satisfaction; her pulse had fallen to 115. She had subsequently an attack of pleurisy with effusion, but finally made a complete recovery.

The following illustrates the use of hot water in cases of abortion:—

Case III.—B. D. was attended at her own home. The foetus came away on January 4th, and was apparently of four months' growth; the placenta was retained, and there was considerable hemorrhage. She came into hospital two days after, and on examination the os was found patulous, and the placenta could be felt through it; all attempts to remove it with the finger, however, failed. There was still a profuse discharge, and the patient appeared weak and anæmic. Hot water was injected, with the effect of immediately stopping the hemorrhage, uterine action set in, and the placenta was expelled five hours after.

Severe Post-Partum Hemorrhage; Failure of Hot Water; Injection of Liquor Fer. Perchlor. Recovery.—Case IV.—M. M., aged thirty; second pregnancy. In this case the breech presented, and the funis prolapsed with the escape of the waters; as no pulsation could be felt in it, labor was allowed to proceed, a putrid female child being finally expelled by the natural efforts. The placenta came away in twenty minutes, and the uterus being firmly contracted, the binder was adjusted. Two hours after delivery violent hemorrhage set in; cold napkins were applied to the vulva, friction to the fundus, and ergot injected hypodermically; cold water injected into the uterus, which failing, hot water was injected, and spt. terebinth. ʒss. given by the mouth. As the womb, however, still continued flaccid, the hand was introduced and a quantity of clots removed; at length the uterus contracted, expelling the hand. This favorable result was, however, only of temporary duration, for it again relaxed, and hemorrhage recurred as briskly as ever. The patient was now

becoming weak and faint, with a pulse of 185 beats a minute. It was now determined to inject the perchloride of iron. The hand having been again introduced to remove any clots which might have formed in the cavity of the uterus, it was thoroughly washed out with hot water, and about eight ounces of the stypic solution slowly injected. Hemorrhage immediately ceased, and the patient made an excellent recovery.

Post-Partum Hemorrhage; Injection of Perchloride of iron; Death of Patient.—Case V.—M. H., aged twenty-three. This woman, who was married to a soldier, had been for some time in bad health attending the out-patient department, but previous to admission into the hospital was so ill that she was unable to leave her bed. When first seen she was very feeble and anæmic, and presented many well-marked symptoms of tertiary syphilis, which disease she said she had acquired two years previously; she also stated that this was her second pregnancy, having previously given birth to an immature and putrid fœtus, and that she feared this child was also dead, as she had not felt its movements for about three weeks. On examination she was found to be already in the second stage of labor, the head presenting. Shortly afterwards the child was born, dead and putrid as predicted. About twenty minutes after this, the placenta not having come away, the pupil in attendance sent for assistance. The uterus was found enormously distended, almost filling the abdomen. On pressure being made, a quantity of blood and clots were expelled with the placenta; cold water was injected into the uterus, but failing to cause contraction it was immediately followed by hot. Ergot and sulphuric ether were at the same time injected hypodermically, after which the womb contracted firmly, but the general symptoms were very alarming—the pulse could not be felt at the wrist, the patient became very restless, endeavoring to sit up, crying out that she would smother, that all was dark around her, she could see nothing. The foot of the bed was immediately raised, and the pillow taken from under her head. At this critical juncture the

uterus again relaxed and hemorrhage recurred. The solution of perchloride of iron was produced, but before it could be injected a violent convulsion came on. The case now appeared to be desperate; nevertheless, as a *dernier ressort*, the styptic was resorted to. The tube of a syringe was passed up to the fundus, and about six ounces of the fluid injected. The uterus did not contract; respiration immediately ceased, and she was dead. About forty-five minutes elapsed between the birth of the child and the death of the mother.

Autopsy.—There was general thrombosis throughout the entire venous system; none of the solution had, however, entered the fallopian tubes or the peritoneal cavity.

AMPUTATION OF HIP-JOINT AND EXCISION.

PROFESSOR LISTER, before the Clinical Society of London, in February, stated that he had never seen a case in which amputation of the hip was called for in preference to excision. Since seeing Professor Sayre illustrate his method at the Philadelphia Congress, he had followed that plan, which involved only a limited incision, did not require the ligature of any vessel, and gave free access to the joint, whilst the subperiosteal section was of great advantage. The last case he had operated on was in a young lady twenty-five years of age, the subject of hip disease from early childhood. The limb was flexed and riddled with profusely discharging sinuses. He excised after Sayre's method, broke through the ankylosis, and found the acetabulum to be perforated. All the diseased bone being cleared away, chloride of zinc was applied, and now, three weeks after, there was far less discharge than at any time before the operation.

In regard to the treatment of abscesses in the hip, he would mention three cases he had had at King's College Hospital in adults. If treated by simple incision, frequent washing out, and free drainage, the result might have been different from what it was. One was a young woman in whom the inflammation was

attributable to sleeping in a damp bed; the second was a man in whom it had followed acute rheumatism; and the third was in an old woman, also rheumatic in origin. In each case the abscess was opened and treated antiseptically; no fever followed, and no shortening of the limb. No one could imagine the satisfaction at such issues; for had these cases been treated in the ordinary way, probably all three patients would have died. In strumous cases—where shortening exists, with or without perceptible grating—he should open the abscess antiseptically, and often more useful limbs are thus preserved than by excision; and even in advanced cases, for it is surprising what may be done by repair. In one case he had at Edinburgh, treated on this plan, he removed much carious substance, and the case went on so well that he thought it would not come to excision. No pus was formed, and the patient was almost well, only a small sinus oozing serum remaining when the antiseptic dressings were given up. Suppuration followed, and excision had to be resorted to. He therefore urged strongly that if they wished to do full justice to their patients they ought to use antiseptic measures when the skin was unbroken. There should be no difference in their practice of hospital patients and private cases. If hospital cases were to be deprived of all the benefits they could bring to them, then hospital accommodation was shamefully and disgracefully inadequate.—*London Lancet, March 1880.*

THE ETIOLOGY OF PUERPERAL CYSTITIS.

BY SWARTZ, OF HALLE, A. S.

THE author supports the view that cystitis in lying-in women is a disease which arises by infection. Injuries received during parturition cannot, any more than the mechanical irritation of the bladder and urethra by repeated introduction of the catheter during labor, set up cystitis. Retention of urine must also be rejected as a cause; for spontaneous decomposition of retained urine never occurs. The causes of puerperal cystitis, are: (1)

the introduction of phlogenic material directly into the bladder by the catheter, and (2) the spontaneous extension to the vesical mucous membrane of inflammatory processes in its neighborhood. A collection of thirty-two cases of this disease out of about 1100 lying-in women in the Midwifery Clinique at Halle, A. S., in the years 1868—75, shows that in by far the majority of cases, the disease arose from the introduction of infective material directly into the bladder by the catheter. Among these twenty-two cases of puerperal cystitis (twenty of which were simple cystitis, and twelve complicated with pyelitis) only two arose from the extension of inflammation in the neighborhood; the remaining thirty (in twenty-one quite certainly, in nine with the greatest probability) as result of the introduction of phlogenic material by the catheter.

This cystitis does not especially affect those lying-in women who have had difficult labors, nor those who suffer from inflammatory affections in the neighborhood of the urethra and bladder; but such as have been catheterized. Antiseptic measures (especially the entrance of air into the bladder is to be avoided, to do which the catheter should be introduced into the bladder filled with carbolic solution) securely guard against the introduction of infective material. Since 1875, these precautions have been employed in the Halle Midwifery Clinique, and puerperal cystitis, arising from catheterization, has become very rare. It must be mentioned that the author accepts the view that the lochial secretion, under entirely normal conditions, may contain the injurious material.—*Centralblatt für Gynäkologie*.

MISCARRIAGE AND DEATH RESULTING FROM INFLAMMATION AND SUPPURATION CAUSED BY THE PRESENCE OF MEDICINAL SUBSTANCES IMBEDDED IN THE WALLS OF THE APPENDIX VERMIFORMIS.

MRS. B., entered the hospital July 27th, complaining of uterine pains, threatened abortion, and pain in the left hypochondriac space. It was supposed she had suffered from injury. The

treatment, which was only palliative, to prevent the threatened miscarriage, consisted in the most part in enjoining rest and giving opiates. She was delivered of a five months' fœtus within three days after her admission, and died very suddenly and unexpectedly in 14 hours afterwards.

Inflammation of the omentum and intestines was found to exist, and a large quantity of purulent fluid in the abdominal cavity, with deposits of plastic lymph. The purulent fluid was found to proceed from an abscess existing in the walls of the appendix vermiformis at the point where she had complained of pain upon admission.

Five or six hardened pills (none of which were administered in this hospital) were found imbedded in the walls of the appendix, and the irritation caused by these seemed to furnish the only plausible explanation of the ulcerative inflammation which produced her death. There were no marks of injury external nor internal.—*North Carolina Medical Journal, Dec., 1879.*

IODIZED PHENOL—"BATTEY'S FORMULA"—IN ECZEMA
MARGINATUM.

BY W. J. H. BELLAMY, M. D., WILMINGTON, N. C.

R̄

Iodinii cryst, $\frac{3}{4}$ ss.

Ac. Carbolic cryst, $\frac{3}{4}$ j.

Mix and combine the two by gentle heat.

The above formula of the renowned Battey of Rome, Ga., provides a combination which has probably given more satisfaction to the gynecologist in uterine therapeutics than any agent that has been suggested for many years past. It is not alone useful for such affections, as concerns the specialist alluded to, but as I am prepared by quite an extensive experience with its use to say

it has given me more satisfaction in the management of those intractable forms of skin disease characterized by intolerable itching, than any of the much vaunted parasiticides so much in use by the dermatologists of the present day. Most particularly in that disease, the pathology of which is now well understood, viz : eczema marginatum, and which, for such a long time has almost baffled the skill of the country practitioner, is this agent most useful. In most cases of "skin disease," when the diagnosis is not clear, but where itching is the prominent symptom, and when it is reasonable to suppose the presence of some parasite, it is a most useful remedy. It allays itching, it relieves pain. The anæsthetic property of the carbolic acid prevents the agents from giving much more than momentary pain.

My rule has been at first to dilute it with glycerine, equal parts, making the application twice in twenty-four hours, touching every point of irritation thoroughly by means of an ordinary camel's hair pencil, or glass rod (brush.) It may be used according to the sensibility and idiosyncrasy of each case, diluted, or of full strength. When used, as I have used it often, of full strength, it causes only an exfoliation of the epidermis, no ulceration or destruction of any great amount of tissue in any case, and no pain or annoyance to the patient, the relief of the itching or presence of the distressing malady, producing so much satisfaction. It may be remarked that in sulphurous acid we have an agent as potent, but how long can we keep sulphurous acid as such? How often can we get sulphurous acid when prescribed? Were we at the door of a "Squibbs" with each patient, and had we the laboratory and conveniences of the expert and proficient chemist, and were qualified to make our own acid as we needed it, then probably we would need no addition to our therapeutics in the management of such skin diseases as these we are considering. In almost every case where I have resorted to the phenol prescription above, the patient has been a sufferer for many years, and has gone from one to the other of the profession.—*North Carolina Medical Journal*, Dec., 1879.

OVARIOTOMY FOLLOWING INCISION AND LONG-DRAINAGE.

MR. KNOWSLEY THORNTON read a paper before the Medical Society of London on the above subject, giving a record of three cases of ovarian tumor, in which exploratory incision followed by drainage of the cyst with injections had been employed for two of the cases, and injections for the third. In all re-growth took place, and the author removed all successfully by ovariectomy. The periods between the first operation and the successful ovariectomies were respectively four years, three and one-half years, and eleven years. All these operations were complicated by serious adhesions. The cases taken together teach two important lessons: (1) the thoroughly unsatisfactory nature of the so-called cure by tapping or drainage; (2) the important fact that cases which have been treated by this unscientific method may still be successfully dealt with by the major operation of ovariectomy, even though many years have elapsed since the supposed cure.—*London Lancet*, March, 1880.

A CASE OF NEPHROTOMY.

AT Guy's Hospital Mr. Clement Lucas recently removed a suppurating kidney from a man aged thirty six years. The lumbar incision was adopted and antiseptic precautions were employed. At last accounts the patient was considered almost free from danger. The man had had a purulent discharge through the loin for six years.—*Medical Record*.

CONFLAGRATION FROM THE USE OF THE THERMO-CAUTERY
DURING ANÆSTHESIA FROM ETHER.

THE *British Medical Journal* (November 22, 1879,) from a French source, gives an account of an operation under ether for arthritis of the knee-joint, in which the actual cautery was employed. Five ounces of ether had been employed. The window had been opened, the room was large, and the ether-bag was to a certain extent separated from the thermo-cautery. Suddenly

the room was in flames, and the bed was enveloped in them. The ether-bag was thrown down on the floor and the patient quickly removed. She was only slightly burned, but the physician who was administering the ether was severely injured. Similar accidents have been noticed elsewhere. Ignition does not occur when the wire is only heated to redness: a white head is necessary. Some years ago Dr. Dolbeau practiced local anæsthesia with ether spray on the hæmorrhoids of a patient about to be operated upon. The apparatus having been removed, the red-hot iron was applied, but the ether vapor caught fire, and produced a general conflagration and extensive burning of the surrounding parts without affecting the hæmorrhoids.

A NEW ANTHELMINTIC.

The *Ocinum Baselicum*, a plant known in Buenos Ayres under the name of *Albochaca*, has an action of such a nature that the worms in every stage of development rapidly leave their location after the juice reaches them. Its use is so much more to be recommended, since in the event no worms are present, no injurious effect results from the plant, but a laxative and disinfectant action as the only result. Fifty grammes of the juice is given, followed in two hours by a dose of castor oil. A free discharge of the worms may be expected.

The above observations of Dr. Lemor, and the results obtained are very encouraging, and invite further investigation, the more since the number of anthelmintics is limited, and their action often unsatisfactory.—*Med. Neuigk.*

CZERNY'S OPERATION FOR THE RADICAL CURE OF HERNIA.

OF the many operations advocated for the radical cure of hernia, none have been proposed, thus far, that are free from objection of one kind or another. The advantages claimed by Czerny for the operation adopted by him are, that the results are more certain, as the fibrous columns of the external ring are drawn close together, and an exact application of the sutures can be made, causing a narrowing of the internal aperture. The

operation is as follows : An incision is made along the whole length of the hernia. If intestinal and reducible, the contents of the sac are returned to the cavity ; if irreducible and intestinal, they are dissected loose and reduced, the sac being ligatured at the neck and cut off. When the contents are omental, they are included in the ligature with the sac. The fibrous columns of the external ring are drawn together by an interrupted suture of strong carbolized catgut. After the insertion of a drainage-tube, the wound is closed with sutures and dressed antiseptically. This mode of procedure has been adopted in nine cases of inguinal hernia, without the occurrence of peritonitis.—*Chicago Medical Gazette*, Jan., 1880.

REMEDY FOR NIGHT SWEATS IN PHTHISIS.

KÖHNBOHN (*Berliner Klinische Wochenschrift*, Jan. 5th. 1880,) states, that in two cases, in which he had tried all other remedies in vain, he met with the most surprising success in treating the profuse night sweating of phthisis, by means of the powder which is employed by the Military Medical Department of the War Minister, for the treatment of sweating of the feet. This is composed of salicylic acid three, starch ten, and tale eighty-seven parts. The entire body is to be powdered with this in the evening, the patient protecting the mouth and nose by means of a handkerchief, lest the irritation from the salicylic acid might induce coughing. If the skin is very dry, the powder may be made to adhere to it by first rubbing it with fat bacon or spirits and tannin.—*Medical and Surgical Reporter*.

WOMEN AS PHYSICIANS.

IN an article in the *International Review*, Dr. Chadwick makes the just observation that the question is no longer, " Shall women be allowed to *practice* medicine ? " They are practicing it, not by ones and twos, but by hundreds ; and the only problem now is, " Shall we give them opportunities for studying medicine be-

fore they avail themselves of the already acquired right of practicing it?" It is clearly the interest of the community to give to women the fullest instruction, in accordance with the most improved systems, and under the most eminent teachers; and also that their proficiency should be tested by the most rigid ordeals before they finally receive certificates. By a recognition of these certificates and their comparative values, the community would be able to protect itself from the impositions of ignorant or fraudulent pretenders to medical knowledge.

BENZOATE OF SODA IN DIPHTHERIA.

DR. LETZERICH has successfully treated, with benzoate of soda, 27 cases of diphtheria which came under his care during an epidemic of the disease in Berlin. Of these cases eight were severe, accompanied by high fever, delirium, retention of the urine and feces, existing often before the extensive local affection had made its appearance. In the blood there was found numerous bacteria and plasma corpuscles, from which by cultivation in veal broth, very large colonies of micrococci became developed. The dose of sodium benzoate for children and adults is to be regulated by the weight of the body. The formula for infants under one year old is

R̄

Soda Benzoate. pur. 5.0

Aquæ Destillat.

Aquæ Menth. pip., aa 40.0

Syrup, Cort. Aurant. 10.0

Half teaspoonful every hour.

The dose for children between one and three years of age is given at 7—8 grams in the course of a day; for children between three and seven years, 8—10 grams. Over seven years old, 10—15 grams, to be taken daily; no unpleasant effects have been observed even in young infants. The diphtheric membrane was sprinkled with the benzoate of soda in powder applied through a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm

covering under which an energetic development and growth of the organism can take place.

The insufflation was made every three hours in severe cases ; in the mild forms two or three times daily. The author also recommends this remedy in gastric or intestinal catarrh, particularly of infants, and states that at times the results are surprising in these latter cases. He firmly believes in the statement of Klebs, that it is to be recommended in all diseases which originate by infection.—*Boston Med. and Sur. Jour.*, from *Berlin Klein. Wochs.*

THE TREATMENT OF NEURALGIA.

ACONITE is an old remedy in Neuralgia which has, however, not altogether realized the expectation which were formed of its value. The power which it often lacks, has been lately claimed for its alkaloid by Professor Gubler, who announced that aconitia is almost infallible in trigeminal neuralgia. This substance was long banished from the materia medica for internal use, but it has been employed occasionally since the discovery of a crystallized form by Gréhaul and Duquesnel in 1871. Its value in neuralgia has lately been investigated by the New York committee on Neurotics, of which Dr. E. C. Sequin is the chairman. The dose of all forms of aconitia is about the same. The initial dose being about half a milligramme (or 1-130 grain) twice or thrice a day. There are differences in susceptibility and some persons cannot bear a larger dose than 1-200 grain ; while one case was met in which 1-84 grain every three hours was tolerated. From a trial of the treatment in a series of cases, the committee conclude that, on the average, distinct physiological and therapeutical effects may be obtained by giving 1-100 grain three times a day. Of six cases of severe trigeminal neuralgia, one, probably a reflex neuralgia from a decayed tooth, was not at all benefited. Three cases of epileptiform neuralgia were slightly, or only temporarily relieved. Two cases were cured. One of them had existed for seven years, with an interruption of seven

months, procured by resection of the affected nerve. The results thus afford a partial support to M. Gubler's assertion.

The value of ammoniacal sulphate of copper in the treatment of the same affection has been asserted by Mr. Féréol in a recent communication to the Académie de Médecine. He states that in cases in which every treatment has failed, even the administration of gelseminum and of aconitia, a cure or remarkable relief may be obtained to the most severe symptoms by this drug.

Among the examples he gave of its use was the following : Trifacial of two months' duration, with absolute (?) insomnia, was unrelieved by the extraction of teeth, quinine, bromide, aconitia, or tincture gelseminum, hypodermic injections of morphia or arsenic. From the first day of the administration of the ammonia sulphate of copper, there was a notable remission in the symptoms and cessation of the insomnia. In one case, the dose was pushed to eight grains, without any other accident than nausea. It has the drawback of occasioning a persistent metallic taste in the mouth. One case of intolerance was met with; in that a grain and one-half of sulphate of copper occasioned violent vomiting,—*London Lancet*, Aug., 1879.

DEXTRO-QUININE IN PERIODICAL HEMICRANIA.

BY C. A. BRYCE, M. D.

I WAS called to see a little son of Mr. Charles Lankford of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoscyamus; I found no improvement, but an increase of the head trouble with more hemorrhage from the nose. I then put him upon quinine alone; his head

continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent, but the headache and imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of Dextro-Quinine (K. & M.) three times a day. I am pleased to report that after the second day's use of Dextro-Quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, the bleeding of the nose has occurred but once since. This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-Quinine obviated the difficulty and cured my patient.—*Southern Clinic*.

SOCIETY REPORTS.

BUFFALO MEDICAL ASSOCIATION.

Stated Meeting, March 2, 1880.

THE PRESIDENT, DR.* LUCIEN HOWE, IN THE CHAIR.

THE subject for special consideration was presented in a paper by Prof. J. F. Miner, entitled "The Diagnosis of Disease without the aid of Physical Signs."

He pointed out the exact conclusions at which formerly physicians arrived, by depending upon the general symptoms of their patients, and hinted that perhaps the pendulum of medical opinion was now swinging too far, in favor of "Physical Signs."

He would not undervalue the assistance to be derived from the stethoscope or other instruments of precision, but thought that by depending too much upon the evidence thus furnished we were in danger of neglecting many important symptoms upon which a diagnosis could be readily and surely based.

On motion of Dr. Rochester, the discussion of this subject was deferred till another meeting, there being another of much importance to the profession of this locality, which demanded immediate consideration.

Dr. White then introduced the following preambles and resolutions :

Whereas, It is the duty of the medical men in every community in which they reside, to warn all those who rely upon them for any medical advice of any danger, present or threatened, to the public health of which they are cognizant ; and

Whereas, We know there exists in the very centre of this city an immense open cess-pool—a large accumulation of decaying animal and vegetable matter—known as the Hamburg Canal and its connections ; and

Whereas, This sink of filth has long existed, and notwithstanding all efforts thus far made at palliation, is steadily increasing in extent, and in the amount of poisonous effluvia emitted therefrom ; and

Whereas, The emanations from this vile collection, in the opinion of the members of this Society, now exert a highly deleterious influence upon all the inhabitants living in its neighborhood ; and

Whereas, In case of the prevalence of any epidemic disease, the health of the whole city would be greatly endangered by this mass of uncovered fermenting material, and also from the unsanitary condition of the sewerage in the lower part of the town ; and

Whereas, Much time is necessarily required to adopt and execute any comprehensive plan for the permanent drainage of the city : therefore,

Resolved, That this Society urge the Common Council, the State authorities having charge of the canal, the Board of Health of the city, and all good citizens immediately to take measures not only to remedy the terrible nuisance of the Hamburg Canal, but to adopt a comprehensive plan of drainage, by means of which the entire city, from North street southward, all of which inclines in the same direction, and should be embraced in the same plan, may be effectually and permanently drained.

Resolved, that we earnestly entreat the responsible authorities, and especially the Common Council, not longer to neglect this great sanitary work, in the delusive hope that through the influence of the abundance of pure air always blowing over the city, we shall much longer escape the legitimate effects of the pestiferous emanations from this sink of corruption upon the health of our inhabitants.

Resolved, That in the opinion of the members of this Society the palliative measures heretofore resorted to, instead of correcting the evil do but increase it by spreading it over a larger surface, polluting at the same time the water flowing in the canal for many miles, rendering it utterly unfit for use by "man or beast," and exposing to its horrible exhalations all who navigate this important channel or reside in its vicinity.

Resolved, That in the opinion of this Society no remedy can afford permanent relief from the baleful effects of the want of proper sewerage of this extensive territory, which does not contemplate its removal into the river below the water supply for the city, keeping it entirely out of the harbor and the canal.

Resolved, That as the guardians of the public health, as sentinels on sanitary duty, we admonish our fellow citizens that the apathy, the supineness which prevails in reference to this dreadful pest-hole must be shaken off, or the day is not distant when, like poor neglectful Memphis, we shall repent our omission in dust and ashes.

Resolved, That a copy of this preamble and the accompanying resolutions be transmitted to the Common Council, the Board of Health, and to the secular papers, with the request that they be published therein.

In moving the adoption of these resolutions, Dr. White said that this Society can perhaps do no more than point out the evil, the responsibility of remedying it lies with the Common Council, the Board of Health, the City Engineer, and the thinking business men. He would, however, suggest that instead of endeavoring to work out this problem of sewerage without the

assistance of experts, those who have studied the subject should be called on for advice. Sanitary engineering, though comparatively a new study, is now recognized as a specialty.

Memphis had been so bitterly taught the necessity of sanitary precaution that she has now wisely employed Col. Waring, who has already proposed a plan which, it is believed, will remedy her heretofore sadly defective system of drainage.

There was a rumor that the Central Railroad had offered to fill up the ditch and construct a good sewer the whole length of it, but this would not rectify the trouble. Clearly, some other measures must be resorted to for perfecting a system of drainage, and without doubt the enlightened part of the community were ready for action.

Dr. George N. Burwell seconded the motion to adopt the resolutions, stating their sentiment fully expressed his own views.

The Hamburg Canal had become perverted from its original purpose, and was now an unmitigated evil. It could readily give rise to a great epidemic, should there be at any time a high temperature accompanied by scarcity of rain. The seeds of disease were generated by a hot, dry season. Memphis bought the knowledge of this principle at a dear cost, and it behooves the people of Buffalo to evince their wisdom by taking prompt action.

Dr. Frederick W. Bartlett had proved from actual experience that in the district adjacent to the Hamburg Canal, there was an excess of mortality in cases of diphtheria, typhoid and scarlet fevers, which could only be attributable to the vicinity of such a nuisance.

Dr. Thomas F. Rochester said the canal was in effect nothing but a receptacle for disease-producing elements. In England scientific investigation had demonstrated that the drainage from sewers can be disinfected and diverted into any channel without detriment to the public health. This method might be adopted in the case now under consideration, should the entire removal of the nuisance be found impracticable.

Dr. S. S. Greene endorsed the resolutions, being convinced that the noxious gases arising at the head of the canal were swept by westerly winds over the city, distributing disease.

An invitation being formally extended to those gentlemen present who were not members of the Association to join in the discussion, Mr. Young, the City Engineer, said he believed the only practicable system of drainage, affording permanent relief, would be a belt sewer, connecting with a tunnel under the Erie Canal to the Niagara River. The enormous expense, however, of this plan might make it objectionable. He had inspected the ground and judged that a survey could be made within two weeks, and the results submitted. In his opinion the swift current of the Niagara River would effectually prevent the pollution of the water by the sewer discharge.

Mr. E. S. Hawley was gratified that the attention of medical men had been directed to this matter, as the public would respect their opinions, and in view of the present city debt, strenuous efforts would be required to accomplish the project. An intermediate course would only give temporary relief.

Mr. P. P. Pratt concurred in all the foregoing remarks, especially supporting the measure for the employment of competent engineers as a primary step in the work.

Dr. A. H. Briggs, the Health Physician, had been surprised at the comparative health of the city during his ten years' practice. He was satisfied the Hamburg Canal had caused and rendered extraordinarily fatal, such diseases as typhoid fever, diphtheria, &c.

Dr. A. R. Davidson thought that even if the Niagara River became polluted by the canal sewerage directed into it, this would again be thoroughly oxydized by air and water before reaching Lake Ontario.

Dr. E. C. W. O'Brien believed the evil effects of the canal had not been over-estimated. Much opposition would be raised on account of the expense. The City Engineer proposing such a plan must be hopeless of re-election.

Dr. J. F. Miner heartily approved the resolutions, it being undeniable that an enlightened community had never endured a more intolerable nuisance than the Hamburg Canal.

Dr. J. C. Cronyn thought the canal had unquestionably produced great mortality in its vicinity. The present current-producing plan was such an absurd and abominable piece of engineering that the originators ought to refund its whole expense.

After this discussion the resolutions were unanimously adopted, and the meeting adjourned.

EDITORIAL.

ALUMNI ASSOCIATIONS.

THE commencements held by medical colleges at the close of the winter session, within the past month, have been supplemented generally by the assembling of graduates, old and new, in their alumni associations; the older members attracted hither from distant parts, and often from urgent professional work; the new recruits, with parchment just in hand, to pledge their troth to Alma Mater. In conformity with the annual custom, such a gathering took place in this city, in connection with the late successful commencement of the Buffalo Medical College. In view of the ability and reputation of the men sent forth by this institution, we have been led to expect something of real professional interest and value in its proceedings—some evidence of earnest scientific research, some additions to the stock of human knowledge in the special department assigned to the medical profession. If we say that in this respect we have been somewhat disappointed, it is not designed to cast unfavorable reflections, or to disparage either the men or the meeting. This leads to the suggestion that such associations, like other medical societies, would be doing better service to the profession in gathering from its members, now scattered in every state, and in contiguous as well as in distant provinces and

countries, carefully collated facts, condensed from their experience and observation, than in scenes of banqueting, feasting and merriment.

It would indeed be an important step forward in the history of such organizations if their annual meetings could be made to develop an association of ideas, for the advancement of medical science alone. A wonderful impetus would thus be imparted to the medical philosophy of the present day, now depending rather upon the earnest labor of the few than upon the mass of the profession, who are willing to utilize all scientific research and investigations made by others, rather than to put forth an effort to contribute, even to a limited extent.

Many obstacles are in the way of securing methodical and consecutive work from such associations. As a rule they are wanting in the cohesiveness peculiar to like associations connected with departments of literature and the arts; but this deficiency is more than made up by the incentive to labor imparted to its votaries by the most humane of the learned professions. As now organized, they are simply auxiliaries in advancing the interests of medical colleges. We ask that their objects may be enlarged, and their field of labor broadened. The present faulty system of medical education also must be renovated. Medical schools should be encouraged by the profession at large, through individual and organized agencies, to adopt a higher standard and more extended study. The alumni of the respective medical colleges have a responsibility in this matter, which they may consistently share with their former teachers. Colleges are after all only representative agencies in the work of medical education. They can not be expected to rise above the sentiment of the profession and the community which fosters and sustains them. To mould this sentiment is a duty devolving upon the men duly commissioned by their authority. Let our alumni, therefore, seek a more complete organization, not only for original scientific research, but also to guard the great interests of the profession, of which they are for the time the custodians, in the matter of medical education.

REVIEWS.

Atlas of Human Anatomy. Containing 180 large plates, arranged according to Drs. Oesterreicher and Erdl, from their original designs from nature, &c., &c., with full and explanatory texts. To be complete in 45 parts, at 75 cents each. By J. A. JEANCON, M. D. Cincinnati, Ohio: A. E. Wilde & Co., publishers.

In a former number of the JOURNAL we have directed attention to this admirable work. We have received Parts II, III and IV, and the commendation bestowed upon the first number, and the assurances given by the enterprising publishers that all subsequent numbers would be as complete and perfect as it was possible to make them, have been fulfilled.

The object is to bring before the profession a representation of all parts of the human body, in a size and form which ordinary works on anatomy fail to furnish. It is also purposed to publish as many and as correct microscopic figures bearing upon subjects connected with microscopic anatomy, histology and embryology, as are at present comprised within the scope of medical instruction.

It will be seen that the plan of the work is comprehensive, and if executed, will give the profession one of the most valuable aids to the study of the structure of the human body that has ever been furnished. The price of the atlas is so low that every practitioner and student of medicine should be possessed of it.

L.

Brain-work and Over-work By Dr. H. C. WOOD Philadelphia: Presley Blakiston

One of the American Health Primers, which, as its name indicates, contains a few common sense and plain ideas on the subject of nervous diseases, as augmented by undue mental labor. Trite and generally familiar as is much of the matter, it is presented in a pleasing style, and it would be well if our over-anxious young men, both in professional and mercantile life, would give heed to the warnings in the chapter on work, and to the excellent suggestions contained in the succeeding chapters relating to Rest and Recreation.

L. H.

SEND FOR DESCRIPTIVE CIRCULARS.

NEW and RARE DRUGS

Placed before the Profession by

PARKE, DAVIS & CO.,

DETROIT, MICH.

Extract Duboisia. We are just in receipt of a direct importation of this rare years before the profession of this country, has already largely supplanted atropia, formerly regarded as indispensable as a mydriatic, in the practice of ophthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva, dryness of the throat, and in children, hallucinations, delirium, etc.

Menthol. (JAPANESE PEPPERMINT.) This article, dissolved in alcohol and put up in small bottles, was for a long time sold at extravagant prices in Europe as a secret remedy for nervous headache, and neuralgic pains. Applied over the seat of pain it produces an agreeably warm sensation which is followed by alleviation of the suffering. Applied to the cavity of the carious tooth, it gives prompt relief in toothache. Mr. MacDonald, in the *Lancet*, recommends it for sciatica, and neuralgia, particularly for intercostal neuralgia. It is the basis of the Japanese "Po-ho-yo," or neuralgic remedy.

Menthol is also an antiseptic, possessing properties which make it preferable to thymol or carbolic acid, in many cases, being less corrosive, and harmless when taken internally.

Quebracho. The introduction of this agent supplies a desideratum in medicine. Many of the thoracic affections are self-limited diseases, and the object of treatment is to keep the patient alive until the disease shall have run its course. Dyspnoea is a great source of danger in such cases, and it is often felt that if the blood could but be properly aerated for a short time, the dangerous points would soon be passed. In such cases quebracho, from the reports of authentic witnesses, will prove a valuable medicine. Dr. Penzoldt, *Medical Times and Gazette*, (London, Eng.,) accidentally made this discovery while treating a patient suffering from pleurisy and emphysema on whom the antifebrile effect of quebracho was being tried. Subsequently trials proved that under its use the livid or cyanosed lips and face assume their natural red color.

Chaulmoogra Oil. This oil is officially recognized by the government of India as a remedy for leprosy, scrofula, skin diseases and rheumatism. It has been held in great repute among the Fakirs of India as a valuable agent in these affections, and has more recently been found of value in consumption. Mr. Jones, Head master of the Hindoo College, had noticed its efficacy in India, and on returning to England continued his observations. He found it to be of great value in incipient consumption, and before serious local lesions had appeared. Its use in other constitutional diseases has established it as a very powerful alterative. Sir Joseph Fayrer says, "it is a most valuable medicine." Surgeon-Major Balfour says, "there is no doubt of its value."

Goa Powder GOA POWDER or PULVIS ARAROBÆ, is the product of a tree indigenous to the province of Bahia, and vulgarly known as the Angelim Amargosa (bitter angelim.) The properties of this drug depend on its large proportion of chrysophanic acid, reaching full eighty per cent. of its weight, which makes it of great value in the treatment of ringworm, psoriasis, and other skin diseases. It is used in the form of ointment (40 grains to the ounce,) or in the form of paste, made with vinegar or lemon juice. Dr. Balmanno Squire, the noted English dermatologist, pronounces it a powerful local stimulant, but non-vesicant, and a most efficient parasiticide, applied in the form of an ointment, of a strength of from ten to fifteen per cent.

Ethidene Dichlor. This new anæsthetic is introduced as a substitute for those commonly employed, ether and chloroform. The accidents attending the use of the two latter agents make that remedy a desideratum which shall as promptly obtund sensibility and at the same time be devoid of danger. Ethidene is introduced in the hope that it will supply this want.

Jamaica Dogwood. (PISCIDIA ERYTHRINA.) The reports which have than justify our action in placing it before the profession of this country. Making due allowance for the enthusiasm which its action has aroused, we would only say, that, whereas, we a short time since merely asked the profession to submit it to a trial, we are now justified in recommending it as a substitute for opium in many painful affections. Its advantages over opium lie in its not constipating or locking up the secretions, and in its leaving none of the unpleasant constitutional effects associated with the administration of opium.

Manaca. (FRANCISCEA UNIFLORA.) This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked are its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.

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M. PEPPER, A. M., M. D.,
of *Clinical Medicine in the*
University of Pennsylvania.

"We have given Dextro-Quinine
extensive trial. We are quite
nude to believe it is the best sub-
stitute for Sulphate of Quinine yet
ed the profession. It is given
the same doses as Sulphate of
ine, and seems equally effica-
cious."

L. P. YANDELL, M. D.,
of *Clinical Medicine, Diseases*
Children and Dermatology in
University of Louisville.

"We have used Dextro-Quinine in
practice, especially in the treat-
ment of Malarial Neuralgia, and am-
plified of its equal value if not su-
periority to the salts of quinine."

W. M. A. HAMMOND, M. D.,
of *Dis. Nervous System, etc.,*
University of New York.

"We have used the Dextro-Quinine
dozen or more cases, as a sub-
stitute for the Sulphate, and it has
served me to meet the indica-
tions equally well and it strikes me
being eminently worthy of ex-
tended trial."

O. COWLING, A. M., M. D.,
of *Louisville Medical News, and*
Prof. of Operative Surgery in Uni-
versity of Louisville.

"Dextro-Quinine does not cause
nausea like Cinchonidia, and is as
effective an antiperiodic as either that
quinine. I give it in one-half
grain doses. As a febrifuge I have
used it with good effect."

A. L. LOOMIS, M. D., *Prof. of*
Physiology and
Therapeutics of
Medicine, University
of the City of
New York.

DEXTRO

"Shall use no other antiperiodic
as long as I can get Dextro-Qui-
nine." G. W. SMITH, M. D.



"Dextro-Quinine is equal to
Quinine Sulphate, grain for
grain." T. W. JONES, M.D.

QUININE

"Dextro-
Quinine is
undoubtedly
a very active
agent. The
testimony of
a large num-
ber of disin-
terested men
who have put
it to the test,
places it
nearly or
quite on a
level with
Sulphate of
Quinine. My
own experi-
ence of it accords with this view."

H. L. GIBBONS, M. D.,
Prof. of the Principles and Practice
of Medicine and of Clinical
Medicine, Medical Dept. of University
College, San Francisco, Cal.

"I have used Dextro-Quinine in
cases of intermittent and remittent
fever and periodic neuralgia, in
about the same doses as Quinine,
and found it as effectual in every
instance." E. D. FOREE, M. D.,
Emeritus Prof. of, and Lecturer on,
Diseases of Women, Hospital
College of Med., Louisville, Ky.

"In intermittent and remittent
fever, Dextro-Quinine has done all
I expected—all I desired. It has
acted promptly and cured
promptly."

W. H. BENTLEY, M. D., LL.D.,
Valley Oak, Ky.

"I have used Dextro-Quinine and
find it in every respect equal to
Sulphate of Quinine."

SAMUEL R. PERCY, M. D.,
Prof. Mat. Med., etc., N. Y. Medi-
cal College.

"In all cases of intermittent fever
in which I have used the Dextro-
Quinine, at the Mary and Elizabeth
Hospital, it has promptly arrested
the disease."

JOHN E. CROWE, M. D.,
Prof. Obstetrics, etc., University of
Louisville.

"I have used Dextro-Quinine and
find it in every respect equal to
Sulphate of Quinine."

F. LE ROY SATTERLEE, M. D.,
Ph.D., Prof. of Chem., Mat. Med.,
and Ther.,
in the N.Y.
College of
Dentistry;
Prof. of
Chem. and
Hygiene in
the Am. Vet.
College, etc.

For original articles on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Inter-
mittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communi-
cations entitled, "On the use of Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, January 25.
"Dextro-Quinine."—MEDICAL AND SURGICAL REPORTER, April 5th. "A Case of Pneumonia, etc., treated
Dextro-Quinine, etc."—MEDICAL AND SURGICAL REPORTER, December 20th. "Dextro-Quinine as an
antiperiodic."—Ohio Medical Recorder, March. "On Dextro-Quinine."—New Remedies, March. "Dextro-
Quinine as an Antiperiodic."—N. Y. Eclectic Medical Journal, June. "Dextro-Quinine."—Cincinnati Lancet
Clinic, August. "On the use of Dextro-Quinine."—Louisville Medical News, April 5th and May 17th.
"Dextro-Quinine as an Antiperiodic."—Medical Brief, July. "Malarial Fever of the South."—Southern
Medical Record, August. "Dextro-Quinine in Pertussis."—Southern Medical Record, November. "Dextro-
Quinine."—Medical Summary, (two articles), October. "Notes on Hospital and Private Practice."—Pacific
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Monthly Review and Visiting List \$1.50.

KEASBEY & MATTISON,

MANUFACTURERS OF SULPHATE OF QUININE AND OTHER FINE CHEMICALS.

Nos. 328, 330 and 332 North Front Street, Philadelphia.

CHEMICAL REPORTS ON MALTINE.

By R. OGDEN DOREMUS, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By PROF. JOHN ATTFIELD, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

LONDON, 17 BLOOMSBURY SQUARE, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

GENTLEMEN—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully,

JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.

MALTINE with Alternatives.

MALTINE with Beef and Iron.

MALTINE with Cod Liver Oil and Pancreatine.

MALTINE with Cod Liver Oil and Phosphates.

MALTINE with Hops.

MALTINE with Hypophosphites.

MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates.

MALTINE with Phos. Iron, Quinia and Strychnia.

MALTINE Ferrated.

MALTINE WINE.

MALTINE WINE with Pepsin and Pancreatine.

MALTO-VERBINE.

MALTINE is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that MALTINE will keep perfectly in any climate, or any season of the year.

Faithfully Yours,

REED & CARNRICK, NEW YORK.

{ Laboratory of JOHN WYETH & BRO.
Philadelphia.

THE NEW ANÆSTHETIC— ETHYL BROMIDE; OR, HYDROBROMIC ETHER.

The attention of the Medical profession has been recently directed to the many advantages of Bromide of Ethyl as an Anæsthetic, over Chloroform and Ether. The exhaustive experiments of Dr. R. J. Levis and of Dr. Laurence Turnbull fully confirm all the favorable reports of former investigations. Dr. Levis has employed this agent more frequently, perhaps, than any other surgeon, and the results of his experiments prove conclusively its value.

In a large number of the administrations made by Dr. Levis in the Pennsylvania Hospital, the Jefferson College Hospital, and in general private surgical practice, he used the Ethyl manufactured in our laboratory, and has expressed great satisfaction in its exhibition, on account of the absence of unpleasant odor, freedom from the objectionable characteristics of other Bromides of Ethyl sold, and on account of the rapid ethylization of the patients; so much so, that he considers it deserving of decided preference. Appreciating the great value of this new Anæsthetic, and realizing that as soon as its advantages are fully known to the profession at large, it would supersede those now in use, we have increased our facilities for its manufacture, which will enable us to supply any demand however great. Much of the commercial Bromide of Ethyl possesses a disagreeable and nauseous odor,—our product is entirely free from this objection. The advantages of Ethyl as an Anæsthetic are fully set forth by Dr. Levis in his papers, published in the *Philadelphia Medical Times*, January 17th, and February 14th, 1880.

It will afford us pleasure to send Dr. Levis' paper on application, free, by mail.

JOHN WYETH & BRO.,

MANUFACTURING CHEMIST.

PHILADELPHIA.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1879-'80.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879-1880 will open on Wednesday, September 17, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will commence on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Emeritus Prof. of Surgery.

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Professor of Clinical Midwifery and Diseases
of Women.

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cal Surgery.

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Professor of Obstetrics and Diseases of Wo-
men and Children, and Clinical Midwifery.

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Lecturer on Materia Medica and Therapeu-
tics, and Clinical Medicine.

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Prof. of Physiology and Physiological Anat-
omy, and Secretary of the Faculty.

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Professor of General, Descriptive, and Surgi-
cal Anatomy.

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Prof. of Chemistry and Toxicology.

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Professor of Pathological Anatomy and His-
tology, Diseases of the Nervous System,
and Clinical Medicine.

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Professor of Ophthalmology and Otology.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

EDWARD L. KEYES, M. D.,
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the Chair of Principles of Surgery.

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JOSEPH W. HOWE, M. D.,
Clinical Professor of Surgery.

BEVERLY ROBINSON, M. D.,
Lecturer upon Clinical Medicine.

FRANK H. BOSWORTH, M. D.,
Lecturer upon Diseases of the Throat.

CHARLES A. DOREMUS, M. D., PH.D.,
Lecturer upon Practical Chemistry and
Toxicology.

FREDERICK S. DENNIS, M. D., M.R.C.S.,

WILLIAM H. WELCH, M. D.,
Demonstrators of Anatomy.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140.00
Matriculation Fee.....	5.00
Dissection Fee, (including material for dissection).....	10.00
Graduation Fee.....	30.00

FEES FOR THE SPRING SESSION.

Matriculation, (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics, and Lectures.....	35.00
Dissection, (Ticket good for the following Winter).....	10.00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

FACULTY.

JAMES P. WHITE, M. D., Professor of Obstetrics and Gynecology.
THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology.
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopædy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee: (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee \$25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.00 to \$6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,

210 DELAWARE ST.,

Secretary of the Faculty

BUFFALO, March, 1880.